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Bib Data Sheet

CONFIRMATION NO. 3895

<b>SERIAL NUMBER</b> 09/939,380	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> HIN0001	
<b>APPLICANTS</b> Daniel Tritch, Fort Wayne, IN; Bruce E. Gardner JR., Fort Wayne, IN; Cwyn D. Weldy, Elkhart, IN; Matthew R. Moran, Fort Wayne, IN;					
<b>** CONTINUING DATA *****</b> DBC					
<b>** FOREIGN APPLICATIONS *****</b> DBC					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 09/27/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <b>Allowance</b> Acknowledged <b>Examiner's Signature</b> <i>DBC</i> <b>Initials</b>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 00832					
<b>TITLE</b> Method of storing and retrieving advance medical directives					
<b>FILING FEE RECEIVED</b> 355	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		